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Standards of Excellence

Grid of Service-Specific Standards Linked to Core Standards



COMMUNITY HEALTH ACCREDITATION PROGRAM, INC.
GRID OF SERVICE-SPECIFIC STANDARDS LINKED TO CORE STANDARDS

| Content of Standard | CORE | Home Health | Hospice | Public Health | Private Duty | Infusion Therapy Nursing | HME | Pharmacy |
|--|-------------|-------------|------------|---------------|--------------|--------------------------|--------------|------------|
| I. STRUCTURE & FUNCTION | CI. | HHL. | HL. | PHL. | PDL. | TL. | HMEI. | DI. |
| Mission Statement | CI.1 | HHL.1 | HL.1 | PHL.1 | PDL.1 | TL.1 | HMEI.1 | DI.1 |
| Organizational Structure & Functional Mechanisms <i>Legal Authority/Documents, Governing Body, Professional/Personal Disclosure</i> | CI.2 | HHL.2 | HL.2 | PHI.2 | PDI.2 | TL.2 | HMEI.2 | DI.2 |
| Organizational Relationships/Chart | CI.3 | HHL.3 | HL.3 | PHI.3 | PDI.3 | TL.3 | HMEI.3 | DI.3 |
| Administrative Authority & Responsibility | CI.4 | HHL.4 | HL.4 | PHI.4 | PDI.4 | TL.4 | HMEI.4 | DI.4 |
| Organizational Policies <i>Administrative, Operational, TB Exposure, MDA, Infection Control, Record Retention</i> | CI.5 | HHL.5 | HL.5 | PHI.5 | PDI.5 | TL.5 | HMEI.5 | DI.5 |
| Communication (CLAS) | CI.6 | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Ethical Issues | CI.7 | ----- | ----- | ----- | PDI.6 | TL.6 | HMEI.6 | DI.6 |
| Research Initiatives | CI.8 | ----- | ----- | PHI.6 | ----- | TL.7 | ----- | DI.7 |
| Student/Educational Experience | ----- | ----- | ----- | PHI.6 | PDI.7 | TL.7 | ----- | DI.7 |

COMMUNITY HEALTH ACCREDITATION PROGRAM, INC.
GRID OF SERVICE-SPECIFIC STANDARDS LINKED TO CORE STANDARDS

| Content of Standard | CORE 2004 Edition | Home Health 2004 Edition | Hospice 2008 Edition | Public Health 2004/2005 Edition | Private Duty 2005/2006 Edition | Infusion Therapy Nursing 2005/2006 Edition | HME 2007 Edition | Pharmacy 2004/2005 Edition |
|---|----------------------------------|--|-------------------------------------|--|---|---|--|---|
| II. QUALITY OF SERVICES & PRODUCTS | CII.1 | HHII.1 | HII.1 | PHII.1 | PDII.1 | TII.1 | HMEII.1 | DII.1 |
| Business & Clinical Practices <i>Public Disclosure, Client Bill of Rights, Admission Information</i> | CII.1 | HHII.1 | HII.1 | PHII.1 | PDII.1 | TII.1 | HMEII.1 | DII.1 |
| Client Access to Care, Services & Products <i>Description of Services Provided</i> | CII.2 | HHII.2 HHII.3 | HII.2,3 HII.7,8,9 | PHII.2 | PDII.2 PDII.3 | TII.2 TII.3a-c | HMEII.2 | DII.2 |
| Prioritization of Care Delivery <i>Disaster/Emergency Planning</i> | CII.3 | ----- | ----- | PHII.3 | ----- | TII.3d | HMEII.3 | DII.3 |
| Coordination, Planning, & Implementing, Monitoring, & Evaluating Care & Services Provided <i>Implementation of Services Provided</i> | CII.4 | HHII.4 HHII.5 HHII.6 HHII.7 | HII.4 HII.5 | PHII.4 PHII.5 | PDII.4 PDII.5 PDII.6 | TII.4 TII.5 | HMEII.4 HMEII.5 HMEII.6 HMEII.7 | DII.4 DII.5 |
| Client Records | CII.5 | HHII.8 | HII.6 | PHII.6 | PDII.7 | TII.6 | HMEII.8 | DII.6 |
| Performance Improvement | CII.6 | HHII.9 | HII.10 | PHII.7 | PDII.8 | TII.7 | HMEII.9 | DII.7 |
| Safety of Employees & Clients <i>Regulatory Requirements, Exposure Control, Work Practice Controls, Education & Training, Safety Program, Home Assessment, Risk Management, MDA Reporting, Infection Control</i> | CII.7 | HHII.10 | HII.11 | PHII.8 | PDII.9 | TII.8 | HMEII.10 HMEII.11 | DII.8 |
| Complaints | CII.8 | ----- | ----- | ----- | ----- | TII.9 | HMEII.12 | DII.9 |

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|--|----------------------------------|---|-------------------------------------|--|---|---|---------------------------------|---|
| III. HUMAN, FINANCIAL, PHYSICAL RESOURCES | CH.1. | HH.1. | H.1. | PH.1. | PD.1. | TI.1. | HME.1. | D.1. |
| Human Resources Support Workload <i>Demand Recruitment, Assignment of Responsibilities, Job Descriptions, Employee Turnover, Exit Interviews, Personnel Policies & Files Performance Evaluation, Orientation Plan, Staff Development, In-service/ Continuing Education, Competency, Supervision</i> | CH.1.1 | HH.1.1 | H.1.1 | PH.1.1 | PD.1.1 | TI.1.1 | HME.1.1 | D.1.1 |
| Contracts for Service | CH.2 | HH.2 | H.2 | PH.2 | PD.2 | TI.2 | HME.2 | D.2 |
| Financial Management <i>Budget Planning, Capital Expenditure Plan, Annual External Review</i> | CH.3 | HH.3 | H.3 | PH.3 | PD.3 | TI.3 | HME.3 | D.3 |
| Financial Information System <i>Financial Reports, Internal Financial Controls, Billing & Reimbursement, Payroll & Vendor Disbursements</i> | CH.4 | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Physical Facilities | CH.5 | ----- | ----- | ----- | ----- | TI.4 | HME.4 | D.4 |
| Management Information System | CH.6 | ----- | ----- | PH.4 | ----- | TI.5 | ----- | D.5 |

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|---|----------------------------------|---|-------------------------------------|--|---|---|---------------------------------|---|
| IV. LONG TERM VIABILITY | CIV. | HHIV. | HIV. | PHIV. | PDIV. | TIV. | HMEIV. | DIV. |
| Strategic Planning <i>Assessment, Organizational Needs</i> | CIV.1 | HHIV.1 | HIV.1 | PHIV.1 | PDIV.1 | TIV.1 | HMEIV.1 | DIV.1 |
| Annual Evaluation of the Organization <i>Process, Data, Advisory/Governing Body Review</i> | CIV.2 | HHIV.1 | HIV.2 | PHIV.2 | PDIV.2 | TIV.2 | HMEIV.2 | DIV.2 |
| Organization Fosters Innovation | ----- | HHIV.2 | HIV.3 | PHIV.3 | PDIV.3 | TIV.3 | ----- | DIV.3 |



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Standards of Excellence

Core Policy Cosswalk



COMMUNITY HEALTH ACCREDITATION PROGRAM, INC.

Crosswalk for CORE Policies CI.5 to Related CORE Standards for Implementation of Policies

| CORE Policy Standard | CI.5 Designated Policy | Related CORE Standards |
|-----------------------------|---|-------------------------------|
| CI.5b. | Administrative policies and procedures delineate administrative authority and responsibility for governance, planning financial control and personnel. Policies include at a minimum: | |
| 1) | Written Disclosure of conflict of interest | CI.2g |
| 2) | Public Disclosure of information | CII.1a |
| 3) | Responsibilities of ethical issues review group | CI.7 |
| 4) | Rights and responsibilities of clients | CII.1b,1c,1d |
| 5) | Internal and External Complaint Management | CII.8 |
| 6) | Exposure Control plan | CII.7a-n |
| 7) | Formal safety program | CII.7a-n |
| 8) | Financial policies and procedures | CIII.3, CIII.4 |
| 9) | Research activities/investigational studies as applicable | CI.8 |
| | Annual program evaluation | CIV.2a-e |
| CI.5c | Operational policies and procedures form the framework for planning, delivery and evaluation of care and services provided. Policies include at a minimum: | |
| 1) | Non-discrimination statement addressing admission of clients to service | CII.1b7, CII.2 |
| 2) | Defined criteria for the acceptance or non-acceptance of clients | |
| 3) | Admission, continuation of service and discharge | CII.2a |
| 4) | Standardized assessment process | CII.2 |
| 5) | Referral to other providers of care or services | CII.2 |
| 6) | Medical orders, verbal orders and physician oversight as applicable | CII.2a |
| 7) | Emergency Service | CII.3a,b,c |
| 8) | After hour service | CII.2 |
| 9) | Confidentiality of protected health information | CI.5h,CII.5 |
| 10) | Emergency/disaster preparedness | CII.3a-c |
| 11) | Health, safety and security of staff during all hours of work | CII.3b,CIII.5a |
| 12) | Services/products provided directly and under contract | CII.2a-b |
| 13) | Standards of practice for all disciplines, as applicable | CIII.1c |
| 14) | Standards of operations for all products as applicable | CII.7e,CII.7m |
| 15) | Infection control | CI.5g,CII.7a-n |
| 16) | Accepted medical term abbreviations | CII.5d |
| 17) | Evaluation of care | CII.6a-h |

Crosswalk for CORE Policies CI.5 to Related CORE Standards for Implementation of Policies

CHAP: Crosswalk CORE Policies CI.5 to Related CORE Standards



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Standards of Excellence

Core

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Core

TABLE OF CONTENTS

| | |
|-------------------|-----|
| INTRODUCTION..... | iii |
|-------------------|-----|

| PRINCIPLE | DESCRIPTION | PAGE(S) |
|-----------|-------------|---------|
|-----------|-------------|---------|

| | | |
|---------------|---------------------------------|----------|
| CORE I | STRUCTURE & FUNCTION | 1 |
|---------------|---------------------------------|----------|

| | | |
|------|---|-------|
| CI.1 | Statement of Mission | 2 |
| CI.2 | Organizational Structure & Functional Mechanisms <i>Legal Authority, Legal Documents, Governing Body, Professional/Personal Disclosure</i> | 3 |
| CI.3 | Organizational Relationships/Chart | 4 |
| CI.4 | Administrative Authority & Responsibility | 5 |
| CI.5 | Organizational Policies <i>Administrative, Operational, Personnel, TB Exposure, MDA, Infection Control, Record Retention</i> | 6 - 8 |
| CI.6 | Communication | 9 |
| CI.7 | Ethical Issues | 10 |
| CI.8 | Research Initiatives | 11 |

| | | |
|----------------|---|-----------|
| CORE II | QUALITY OF SERVICES & PRODUCTS | 12 |
|----------------|---|-----------|

| | | |
|-------|---|----|
| CII.1 | Business and Clinical Practices <i>Public Disclosure, Client Bill of Rights, Admission Information</i> | 13 |
| CII.2 | Client Access to Care, Services & Products | 14 |
| CII.3 | Prioritization of Care Delivery <i>Disaster/Emergency Planning</i> | 15 |
| CII.4 | Coordination, Planning, Implementing, Monitoring & Evaluating Care and Services Provided | 16 |
| CII.5 | Client Records | 17 |
| CII.6 | Performance Improvement | 18 |

Core

TABLE OF CONTENTS

| PRINCIPLE | DESCRIPTION | PAGE(S) |
|-----------------|--|----------------|
| CORE II | QUALITY OF SERVICES & PRODUCTS | cont'd. |
| CII.7 | Safety of Employees & Clients <i>Regulatory Requirements, Exposure Control, Work Practice Controls, Education & Training, Safety Program, Home Assessment, Risk Management, MDA Reporting</i> | 19 - 20 |
| CII.8 | Complaints | 21 |
| CORE III | HUMAN, FINANCIAL, PHYSICAL RESOURCES | 22 |
| CIII.1 | Human Resources Support Workload Demand <i>Recruitment, Assignment of Responsibilities, Job Descriptions, Employee Turnover, Organizational Climate, Exit Interviews, Personnel Policies & Files, Performance Evaluation, Orientation Plan, Staff Development, In-service/Continuing Education, Competency</i> | 23-24 |
| CIII.2 | Contracts | 25 |
| CIII.3 | Financial Management <i>Budget Planning Process, Capital Expenditure Plan, Annual External Review</i> | 26 |
| CIII.4 | Financial Information System <i>Periodic Financial Reports, Internal Financial Controls, Billing & Reimbursement, Payroll & Vendor Disbursements</i> | 27 |
| CIII.5 | Physical Facilities | 28 |
| CIII.6 | Management Information System | 29 |
| CORE IV | LONG TERM VIABILITY | 30 |
| CIV.1 | Strategic Planning <i>Assessment, Organizational Needs</i> | 31 |
| CIV.2 | Annual Evaluation of the Organization <i>Process, Data, Advisory/Governing Body Review</i> | 32 |

INTRODUCTION TO CHAP CORE STANDARDS

The Community Health Accreditation Program, Inc. (CHAP, Inc.) is an independent, non-profit accrediting body for community based health care organizations. The types of organizations accredited include: home health, hospice, public health, home care aide services, private duty services, supplemental staffing services, infusion therapy nursing, home medical equipment, pharmacy services, and community nursing centers.

This “first” accrediting body for community based health care organizations in the United States dates back to 1965. A joint venture between the American Public Health Association (APHA) and the National League for Nursing brought to fruition the futuristic view of their respective membership that accreditation was the needed mechanism to recognize excellence in community health practice. In 2001, CHAP became an independent corporation with the purpose of using the accreditation process to elevate the quality of all community-based health care in the United States.

The CHAP accreditation process utilizes the “CHAP Standards of Excellence” that are driven by considerations of management, quality, client outcomes, adequate resources and long term viability.

The goal is to assist all types of community-based health care organizations to:

- Strengthen internal operations
- Promote continuous quality improvement techniques and systems
- Promote consumer satisfaction
- Affirm public trust
- Meet community health needs in a cost efficient and effective manner
- Maintain the viability of community health practice nationwide

CHAP, Inc. is committed to ensuring that home and community based health care providers adhere to the highest standards of excellence and that they maintain compliance with the current standards. Ongoing professional assistance and guidance provided by CHAP promotes continuous organizational self-improvement.

CHAP Accreditation publicly certifies that an organization has voluntarily met the highest standards of excellence for home and/or community based health care. Additional benefits of Accreditation by CHAP, Inc. include management consultation of the highest quality, access to a broad network of professional resources, and guidance critical to building intra- and inter-organizational collaboration and strength.

Core

Currency and Relevance of Standards

In keeping with its goal of elevating the quality of all community health care in the United States, CHAP, Inc. continually reviews and revises the “Standards of Excellence” to assure currency with the community health care industry. CHAP standards place a strong emphasis on organizational management and client outcomes. They are to be used as a blueprint to build and maintain a highly sophisticated home or community health care organization, thus assuring the viability of the organization.

The 2004 Edition revisions are designed to:

- Establish standards of excellence for a wide variety of home and community-based health care organizations and programs
- Promote ease of application, interpretation and use of standards
- Emphasize the importance of the interests and rights of individual and group consumers of home and community-based health care services
- Strengthen the long-term viability of all types of community-based health care organizations
- Advance the recognition of the importance of home and community-based health care organizations as integral components of the national health care delivery system

The re-engineered CORE Standards of Excellence address the scope and complexity of community-based health care providers in today’s health care arena, are generic, and apply to all services and programs accredited by CHAP.

The core standards are used in conjunction with service specific standards to ensure compliance with:

- Federal, state and local regulatory requirements
- Regulatory requirements that address the health and safety of employees and clients

The service specific standards address requirements additional to Core which are unique to the specific service or industry.

Additional Requirements for Medicare-Certified Home Health and Hospice Services

CHAP has received authority from the Centers for Medicare and Medicaid Services (CMS) to deem certified home health services and certified hospice services to be in compliance with the Conditions of Participation (COPs). CHAP's Core/Home Health Standards and CHAP's Core/Hospice Standards contain standards which include the intent of the Medicare COPs for home health and hospice.

The home health agency that elects to receive Medicare Certification through deeming authority from CHAP must comply with CFR 484 Medicare Conditions of Participation: Home Health Agencies. See Appendix I HH for a full text of the home health regulations and a cross walk to the CHAP Standards.

The hospice organization that elects to receive Medicare Certification through deeming authority from CHAP must comply with CFR 418 Medicare Conditions of Participation: Hospice. See Appendix I H for a full text of the hospice regulations and a cross walk to the CHAP Standards.

Core

Underlying Principles

- | | |
|---------------------------|-------------------------|
| I. Structure and Function | III. Resources |
| II. Quality | IV. Long Term Viability |

Four key “Underlying Principles” (UP) continue to drive each set of the CHAP Standards of Excellence. Sub-categories in each section further define the content.

UP I. THE ORGANIZATION’S STRUCTURE AND FUNCTION CONSISTENTLY SUPPORTS ITS CONSUMER ORIENTED MISSION

- A. Statement of Mission
- B. Organizational Structure And Functional Mechanisms
- C. Organizational Relationships/Chart
- D. Administrative Authority and Responsibility
- E. Organizational Policies
- F. Communication
- G. Ethical Issues
- H. Research Initiatives

UP II. THE ORGANIZATION CONSISTENTLY PROVIDES HIGH QUALITY SERVICES AND PRODUCTS.

- A. Business and Clinical Practices
- B. Client Access to Care, Services and Products
- C. Prioritization of Care Delivery
- D. Coordination, Planning, Implementing, Monitoring, and Evaluating Care and Services Provided
- E. Client Records
- F. Performance Improvement
- G. Safety of Employees and Clients
- H. Complaints

UP III. THE ORGANIZATION HAS ADEQUATE HUMAN, FINANCIAL, AND PHYSICAL RESOURCES TO ACCOMPLISH ITS STATED MISSION AND PURPOSE.

- A. Human Resources Support Workload Demand
- B. Contracts
- C. Financial Management
- D. Financial Information System
- E. Physical Facilities
- F. Management Information System

Core

UP IV. THE ORGANIZATION IS POSITIONED FOR LONG TERM VIABILITY.

- A. Strategic Planning
- B. Annual Evaluation of the Organization

As you study and apply these standards to your own organization, give consideration to the following “*THEMES*” that flow through all sections of the CHAP Standards of Excellence and Self Studies.

Composition of a Standard

Each standard statement may be comprised of four (4) parts.

1. Standard statement - A blueprint for success that recognizes excellence
2. Criterion - A statement that defines in detail the requirements of the standard
3. Element - A component of each criterion that delineates requirements
4. Sub-element – Additional statements that provide more definition of selected elements.

Examples

Standard:.....CI.1
 Criterion:.....CI.1a
 Element:.....1)
 Sub element:.....(a) (not all standards have sub-elements)

Main Sources of Evidence

D = Documents
 I = Interviews
 O = Observations
 S = Surveys

Substantiation of Findings

Clarification
 Verification
 Quantification

Evidence Guidelines

The Standards are formatted with relevant Evidence Guidelines on pages opposite the standards. The evidence guidelines are not standards or criteria. They are intended to provide guidelines and examples of evidence to the organization and to the CHAP site visitor which may be used to determine organizational compliance with the standards. The letter preceding each evidence guideline identifies one of four sources of information to be used by the site visitor in the accreditation process: D, I, O, S.

Core

The Site Visit Report

The Site Visit Report is a legal document that states the level of compliance with the CHAP Standards of Excellence. The composition of the report includes a brief organizational profile, statements of organizational strengths and challenges and the written citations.

Citations include:

- | | |
|------------------|--|
| Commendation: | A statement indicating that the organization has significantly exceeded the requirements of a specific standard or criterion. |
| Required Action: | A statement indicating partial or total non-compliance with a CHAP standard or criterion. Organizations are required to make changes to comply with CHAP standard or criterion. |
| Recommendation: | A statement of advisement that identifies a potential problem related to a standard or criterion that may increase in scope and severity if not addressed. Organizations are not required to make changes but should give serious consideration to the recommendation. |

Medicare Deficiencies for Home Health and Hospice Organizations:

Tag Items:

Identifiers used by CMS that indicate non-compliance with one or more Medicare Conditions of Participation or Standards are defined as Tag Items.

Tag Item designation applies only to Home Health and Hospice Organizations.

- G-Tags are specific to Home Health
- L-Tags are specific to Hospice

Tag Item designations are used in the Site Visit Report and on all CMS required documents for deemed organizations.

**THE PROCESS REQUIRED TO ACHIEVE CHAP ACCREDITATION
CREATES PROFESSIONAL REWARDS FOR YOUR ORGANIZATION.**

Core

Abbreviations

Common abbreviations used throughout the CORE Standards include:

| | | | |
|--------|---------------------------------|------|------------------------------|
| ADA | Americans with Disabilities Act | P&Ps | Policy(ies) and Procedure(s) |
| Admin. | Administration | | |

| | |
|-----|---|
| CDC | Centers for Disease Control and Prevention |
|-----|---|

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|----|-----------------------|
| TO | Table of Organization |
| TB | Tuberculosis |

| | |
|-----|-----------------------------|
| FDA | Federal Drug Administration |
|-----|-----------------------------|

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|----|-----------------|
| GB | Governing Board |
|----|-----------------|

| | |
|-----|---------------------|
| HBV | Hepatitis B Vaccine |
|-----|---------------------|

| | |
|----|----------|
| MC | Medicare |
|----|----------|

| | |
|----|----------|
| MD | Medicaid |
|----|----------|

| | |
|-----|--------------------|
| MDA | Medical Device Act |
|-----|--------------------|

| | |
|-------|------------|
| Mgmt. | Management |
|-------|------------|

| | |
|------|-------------|
| N.B. | “Note Well” |
|------|-------------|

| | |
|------|------------------------------------|
| OSHA | Occupational Safety and Health Act |
|------|------------------------------------|

CI.

CI.

**THE ORGANIZATION'S
STRUCTURE AND FUNCTION
CONSISTENTLY SUPPORT
ITS CONSUMER ORIENTED
PHILOSOPHY, MISSION AND PURPOSE**

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CL1**

- D:** Current Mission statement includes a consumer focus and orientation to quality. (CI.1)
- D:** Consumers are defined as individuals, groups and communities. (CI.1)
- D:** Governing body minutes document actions taken on the Mission:
- a) Review and approval at least every 36 months
 - b) Revisions and updates as applicable
- (CI.1b)

Core

CI.1

| | |
|-------------|---|
| CI.1 | Published mission statements clearly identify a commitment to providing high quality services and products which address consumer needs as an organizational priority. |
|-------------|---|

CI.1a Programs and services provided reflect the organization's written mission.

CI.1b The mission statement is reviewed, revised as indicated, and approved by the governing body at least every 36 months.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CI.2**

D: Legal documents, specific to the organization, delineate applicable elements of CI.2b which may include: partnership agreement, articles of incorporation, bylaws, state charter, state licensure, tax license, trade name registration, business license, amendments, medicare certification and special waivers.

D: *Note: Governing Body may be a governmental entity. (CI.2c)*

D & I: Name, address, credentials and professional/business affiliation of each member is identified. (CI.2d)

Note: Owner/Operator of a business may constitute the governing body. Governmental Boards of Health may be advisory in nature and/or may be elected or appointed officials.

D & I: New member orientation is validated in writing. Governing body members describe the orientation experience and articulate key issues affecting the organization. (CI.2e)

Note: Independent owner(s) may only have principal(s) as governing body, and orientation in CI.2e may not apply.

I: Governing body members articulate responsibilities and describe the types of actions taken by the board. (CI.2f)

Note: Selected elements may not apply to owner/operator businesses, i.e., selecting the chief administrator.

D: Current signed and dated annual disclosure statements are on file for all governing body members and executive staff. (CI.2g)

D & I: Governing body members confirm adherence by governing body members to legal documents which may describe notice of scheduled and special meetings, attendance requirements at meetings, appointment of officers, terms of office, committee structure and function, quorum determination. (CI.2h)

D: Governing body minutes reflect agenda items, discussion, and action taken. (CI.2i)

Note: Closed sessions are to be documented and distributed/filed per organizational policy.

Note: The Medicare Certified home health agency must comply with CFR 484.12, 484.12(c), 484.14(b), 484.14(i), 484.16, 484.52. See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.50(c), 418.52, 418.72. See Appendix IH for a full text of the regulations and a crosswalk.

CI.2

| | |
|-------------|---|
| CI.2 | The organization has the structure and functional mechanisms necessary to support and accomplish its stated mission. |
|-------------|---|

- CI.2a** The organization has the legal authority to operate and is in compliance with local, state and federal regulations.
- CI.2b** The applicable governance structure is defined in legal documents specific to the organization.
- CI.2c** An identified governing body assumes full legal authority, responsibility, and accountability for organizational performance; appoints a qualified administrator and designates advisory group membership as applicable.
- CI.2d** The governing body is made up of individuals with relevant expertise, business acumen, and professional relationships specific to the stated mission of the organization.
- CI.2e** Governing body members are oriented to the organization and are knowledgeable and responsive to key issues affecting the organization.
- CI.2f** The governing body carries out responsibilities specific to the organization including:
 - 1) Establishing policies consistent with organizational mission
 - 2) Approving new and/or revised policies and procedures as indicated and necessary
 - 3) Holding management accountable for the fiscal solvency of the organization and adequacy of financial resources
 - 4) Approving budgets and capital expenditures
 - 5) Selecting and evaluating the chief administrator
 - 6) Evaluating organizational performance
 - 7) Developing and approving strategic plan
 - 8) Reviewing legal and business documents in light of real or potential changes to the organization on a periodic basis but not less frequently than every 36 months:
 - (a) Articles of incorporation
 - (b) Bylaws
 - (c) Legal agreements
- CI.2g** Annually, the members of the governing body and executive staff provide written disclosure of all professional or personal relationships or interests, direct or indirect that might present a conflict of interest. Statements are on file in the office.
- CI.2h** The governing body complies with organizational bylaws or other legal documents.
- CI.2i** Accurate, complete, and signed minutes are kept of all official meetings of the governing body, document actions taken, are distributed in accordance with organizational policy, and are retained for minimum of five (5) years or consistent with state regulations.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CI.3**

D: A current organizational chart reflects lines of authority and accountability for all personnel. (CI.3a)

D: Amendments to the organizational chart are documented as applicable. (CI.3b)

I: Staff members are familiar with the organizational chart and state their individual lines of authority and accountability. (CI.3c)

Note: The Medicare Certified home health agency must comply with CFR 484.12, 484.14. See Appendix I HH for a full text of the regulations and a cross-walk.

Core**CI.3****CI.3 Intra-organizational relationships are clearly defined.**

CI.3a A current organizational chart delineates the lines of authority and accountability of all personnel.

CI.3b The organizational chart is reviewed and changed as needed.

CI.3c Personnel understand and use the organizational structure as outlined in the organizational chart.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CI.4**

D: Current job descriptions are on file for administrative and management positions. (CI.4a, b)

D: CEO/Administrator/Management resumes validate experience, knowledge, and qualifications required for the job. (CI.4b)

Note: This standard may pertain to the Chief Health Care Administrator in Public Health Organizations.

D: Written policy and procedure defines assignment of administrative responsibilities in the absence of the CEO/Administrator. (CI.4c)

I: Designated alternate to the CEO/Administrator understands his/her role and describes experiences specific to the alternate role. (CI.4c)

I: CEO/Administrative and Management personnel describe their respective areas of responsibility. (CI.4d)

Note: The Medicare Certified home health agency must comply with CFR 484.12, 484.12(a), 484.14(c). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.56(c). See Appendix IH for a full text of the regulations and a crosswalk.

CI.4

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| CI.4 | Authority and responsibility for overall administration and management is vested in qualified individuals. |
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- CI.4a The chief executive/administrator's credentials include appropriate industry experience and knowledge of applicable local, state and federal laws.
- CI.4b Qualifications for administrative and management positions are clearly defined in writing and are consistent with the scope of responsibility and the complexity of the organization, and administrative and management personnel have equivalent combinations of education, training and experience to qualify for their assigned responsibilities.
- CI.4c A qualified individual is designated in writing to be administratively responsible in the absence of the chief executive/administrator.
- CI.4d Administrative and management responsibilities are clearly defined and delegated as specified and include:
- 1) Organizing and directing the organization's ongoing operations to assure the availability and provision of care and services
 - 2) Implementing governing body directives and organizational policies and procedures
 - 3) Complying with applicable laws and regulations
 - 4) Recruiting, employing, and retaining qualified personnel to maintain appropriate staffing levels
 - 5) Ensuring adequate staff education
 - 6) Completing performance evaluations on subordinate staff in accordance with organizational policy
 - 7) Directing and monitoring organizational Performance Improvement activities
 - 8) Managing operations in accordance with established fiscal parameters
 - 9) Planning, developing, implementing, administering and evaluating programs
 - 10) Representing the organization to other groups, organizations and the general public
 - 11) Ensuring the accuracy of public information materials
 - 12) Informing the governing body and staff of current organizational, community, and industry trends

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CI.5**

- I:** Management and advisory/governing body members describe process for development, revision and annual review of policies. (CI.5a)
- D:** Administrative policies and procedures address the areas delineated in CI.5b.
- D:** A written safety program sets the parameters for monitoring environmental conditions and identifying potential hazards/risks in accordance with elements such as biomedical waste management, storage and handling of environmental cleaning supplies, fire safety, preventive maintenance of equipment, reporting of malfunctioning equipment, environmental controls to prevent client or staff accidents and or incidents and safety of clients and employees in the community. (CI.5b)
- D:** Operational policies and procedures detail planning, delivery and evaluation of care and include the 16 elements of CI.5c.
- D:** Personnel policies address the 9 elements of CI.5d.

Note: The Medicare Certified home health agency must comply with CFR 484.10(d), 484.11, 484.12(b-c), 484.14(e), 484.16, 484.18, 484.18(b-c), 484.48(a-b), 484.52, 484.52(b), 484.55. See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.50(c), 418.74, 418.74(a,b). See Appendix IH for a full text of the regulations and a crosswalk.

CI.5

CI.5 Organizational policies and procedures reflect an emphasis on quality and ethical practice and relate directly to the mission of the organization.

- CI.5a** Policies and procedures are developed, revised, and reviewed annually to assure currency of information.
- CI.5b** Administrative policies and procedures delineate administrative authority and responsibility for governance, planning, financial control and personnel. Policies include at a minimum:
- 1) Written Disclosure of conflict of interest
 - 2) Public Disclosure of information in accordance with the requirements of Part 420, Subpart C of Title 42 in the Code of Federal Regulations
 - 3) Responsibilities of ethical issues review group
 - 4) Rights and responsibilities of clients
 - 5) Internal and External Complaint Management
 - 6) Exposure control plan
 - 7) Formal safety program
 - 8) Financial policies and procedures
 - 9) Research activities/investigational studies as applicable.
- CI.5c** Operational policies and procedures form the framework for planning, delivery and evaluation of care and services provided. Policies include at a minimum:
- 1) Non-discrimination statement addressing admission of clients to service
 - 2) Defined criteria for the acceptance or non acceptance of clients
 - 3) Admission, continuation of service and discharge
 - 4) Standardized assessment process
 - 5) Referral to other providers of care or services
 - 6) Medical orders, verbal orders and physician oversight as applicable
 - 7) Emergency service
 - 8) After hours service
 - 9) Confidentiality of protected health information
 - 10) Emergency/disaster preparedness
 - 11) Health, safety and security of staff during all hours of work
 - 12) Services/products provided directly and under contract
 - 13) Standards of practice for all disciplines as applicable
 - 14) Standards of operation for all products as applicable
 - 15) Infection control
 - 16) Accepted medical term abbreviations
- CI.5d** Personnel policies are developed and revised in response to organizational change and include:
- 1) Conditions of employment
 - 2) Respective obligations between employer and employee
 - 3) Non-discrimination information
 - 4) Grievance procedures
 - 5) Employee orientation
 - 6) Employee exit interviews
 - 7) Maintenance of health reports and protected employee information
 - 8) Employee record confidentiality and record retention
 - 9) Recruitment, retention and performance evaluation of staff

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CI.5 (Continued)**

- D:** Written TB Exposure Control Plan includes the elements in CI.5e.
- D:** Written policy and procedure define the requirements of Medical Device Act reporting. (CI.5f)
- D:** Medical Device Act reports, as applicable, are on file in the organization and include validation of submission to the FDA which may include an incident that results in death and when the manufacturer is unknown. (CI.5f)
- D:** Written infection control policies and procedures include the elements in CI.5g.

CI.5e

CI.5e The organization's written TB Exposure Control Plan is in compliance with the most current Centers for Disease Control & Prevention (CDC) applicable recommendations and requirements for occupational exposure to Tuberculosis. The plan addresses:

- 1) Definition of employees at risk of occupational exposure to TB
- 2) Process for identifying suspected or confirmed cases of TB
- 3) Control of employee exposure when a patient is suspected/confirmed as having infectious TB
- 4) Provision of education and training to all employees to the hazards of exposure to TB at the time of employment and annually thereafter
- 5) Pre-employment and subsequent periodic TB screening of employees in accordance with written policy
- 6) Provision of follow up care to employees exposed to TB
- 7) Provision of follow up care to employees who convert to active disease
- 8) Provision of appropriate personal protective equipment when caring for a suspected/confirmed TB client
- 9) Provision of work practice oversight to minimize occupational exposure to TB
- 10) Adherence to reporting and record keeping requirements per state and federal law

CI.5f Organizational policy and procedure address the requirements of the Medical Device Act (MDA) and delineate the mechanisms for reporting incidents, which result in serious injury, illness or death.

- 1) Reports are filed with the Federal Drug Administration according to regulation
- 2) A designated person is responsible for ensuring compliance with reporting requirements
- 3) Criteria for designation of reportable events are clearly defined
- 4) Written protocols for the investigation of events are clearly defined
- 5) Investigative activities are initiated on a timely basis
- 6) Accurate documentation of findings include:
 - (a) Investigative findings
 - (b) Copies of reports sent to the manufacturer
 - (c) Copies of reports to FDA
- 7) Retention and retrieval of findings and reports
- 8) In-service education on Medical Device Act reporting is provided to staff on an annual basis
 - (a) Written curriculum outlines describe training content
 - (b) Records of attendance are maintained

CI.5g Infection Control policies and procedures detail systems designed to promote the prevention and control of infections, monitor the occurrence of infections and evaluate the effectiveness of infection control practices.

- 1) Current infection control practices and strategies
- 2) Identification and investigation of breaks in technique
- 3) Sources of infection:
 - (a) Nosocomial
 - (b) Home acquired
 - (c) Professional exposure
- 4) Types of infection
- 5) Modes of transmission of infection

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CI.5 (Continued)**

- D:** Written policy and procedure define the parameters for ensuring the safety, security, and confidentiality of clinical hardcopy, automated, and/or travel records. (CI.5h).
- D:** Written policies and procedures define the parameters that ensure the client's right to access client record information and to release client record information. (CI.5h)
- D:** Written policy and procedure and local/state /federal regulations dictate the secure retention of all types of clinical records. (CI.5h)
- D:** Written policy and procedure details the process for release of information. (CI.5h)
- I:** Records administrator or other designated party describes adherence to policy and procedure. (CI.5h)
- I:** Staff describe process for accessing policies and procedures. (CI.5i)

CL.5g Cont'd

- 6) Contributing causes of infection
- 7) Data collection, analysis, and tracking and trending of findings
- 8) Reporting requirements per state and federal regulations
- 9) In-service education for staff
 - (a) Dates and times of programs
 - (b) Curriculum outline of training content
 - (c) Records of staff attendance
- 10) Client and/or family teaching
- 11) Use of personal protective equipment
- 12) Accepted hand hygiene techniques

CL.5h Administrative, financial, client and personnel records are secured, retained and retrievable in accordance with a formal record retention policy that is in compliance with organizational policy and local, state and federal law.

- 1) Minutes of all official meetings of the governing body are retained for a minimum of five (5) years.
- 2) Client adult records are retained for a minimum of five (5) years after provision of service.
- 3) Client records of minors are retained for a minimum of seven (7) years after the age of majority is reached.
- 4) Mechanisms for client access and release of client records are defined.
- 5) Authorization for client record documentation and entry and signature authorization and authentication for automated client record system in accordance with individual state law are defined.
- 6) Process for maintaining safety and security of client records is defined.
- 7) Confidential records for employees experiencing an occupational exposure are retained for the duration of employment plus thirty (30) years.
- 8) Annual training records for exposure prone employees are retained for a minimum of three (3) years.
- 9) Client records involved in litigation are retained until after settlement.

CL.5i Staff members have access to policies and procedures.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CL.6**

- D:** Informational materials, written in different languages are available and provided to clients/families as appropriate. (CL.6a)
- I:** Administrative/management personnel articulate cultural diversity in the community population and describe the organization's ability to meet special needs. (CL.6a)
- I:** Staff members demonstrate awareness and use of available resource materials, and clients/families verbalize knowledge of pertinent resources. (CL.6a)
- I:** Clients/families of different cultures acknowledge receipt of language specific materials and care provided by bi-lingual staff, family members and/or the use of interpreters as appropriate and necessary. (CL.6b)

Note: The Medicare Certified home health agency must comply with CFR 484.12(a). See Appendix I HH for a full text of the regulations and a cross-walk.

Core

CI.6

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| CI.6 | Information is provided to clients/families identifying availability of organizational and community resources to assist in meeting client needs |
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CI.6a Language specific written materials, as necessary and appropriate, are available for distribution to client/families.

CI.6b Interpretive services are provided, as indicated and necessary, to ensure accurate communication between the client/family/caregiver and other types of health services personnel.

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CL.7**

- D:** Written policy delineates the make up and function of the designated group to review ethical issues. Authority may be self-vested in the governing body, in an independent entity or in an advisory group. (CL.7a, b)
- I:** Administrative/management/staff personnel describe the structure of the ethical group and the process for handling ethical concerns and issues. (CL.7b)
- D:** Meeting minutes document discussions of and actions taken by the group, as applicable. (CL.7c)

CI.7

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| CI.7 | The organization's business, clinical, disease prevention and health promotion activities are conducted according to ethical standards. |
|-------------|--|

- CI.7a** A group of qualified professionals is designated by the governing body to review ethical issues as they arise.
- CI.7b** Organizational policy and procedure outlines the responsibilities of the group and delineates the process for submitting ethical concerns and issues for action.
- CI.7c** Meeting minutes clearly document group activities and are referred to the governing body for review and final action as indicated and necessary.

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CL8**

- I:** Administrative/management personnel describe that careful consideration is given to providing a site for relevant research, that human subjects involved in any part of research activities provide written informed consent, and that specific parameters for protection of participants and confidentiality of personal information are clearly defined. (CI.8a)
- D:** Policy and procedure establish the parameters for research initiatives as applicable. (CI.8b)
- D:** Current research activities as applicable ensure compliance with CI.8a,b, c, d.
- I:** Administrative/management personnel describe current research initiatives as applicable. (CI.8c)
- I:** Staff describes use of research knowledge which was integrated into practice as applicable. (CI.8e)

Core

CI.8

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| CI.8 | The organization considers requests for research in the area of community/public health as appropriate. |
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CI.8a A mechanism is in place for reviewing, processing, and approving internal and external research proposals.

CI.8b Organizational policy and procedure defines parameters for participation in research activities and investigative studies.

- 1) Research protocols, as applicable, for internally and externally sponsored activities are on file
- 2) Potential participants are provided with written information regarding the nature, process, and benefits of the research outcomes
- 3) Risks associated with the project are clearly delineated

CI.8c Organizations participating in research or investigative studies ensure that clients and staff are fully informed.

CI.8d Formal written consents for participants in research and/or investigative studies are obtained and retained on file in the organization.

CI.8e New knowledge from internal and external research is integrated into practice as applicable.

CII.

CII.
**THE ORGANIZATION CONSISTENTLY
PROVIDES HIGH QUALITY
SERVICES AND PRODUCTS**

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.1**

- D:** Current Public Disclosure Policy addresses applicable elements of CII.1a.
- D:** The Client Bill of Rights includes the elements of CII.1b.
- D:** The CHAP hot line # is included in the Client Bill of Rights by CHAP- accredited organizations only. The CHAP hot line # may not be used prior to written notice of CHAP accreditation. (CII.1b 9)

Note: During normal business hours, complaint calls to CHAP will be triaged for appropriate response. Afterhours, week-ends and holidays, the caller must leave a recorded message. All calls will be returned the next business day.

- I:** Clients confirm the timely receipt of the Client Bill of Rights and other admission information. (CII.1c)

Note: Advising clients of their rights is not applicable under conditions of emergency/disaster intervention and mass clinics.

- D:** Documented evidence in the client records confirms receipt of the Client Bill of Rights and other admission information. (CII.1d)

Note: Advising clients of their rights is not applicable under conditions of emergency/disaster intervention and mass clinics.

- I:** Clients/families articulate understanding of the information provided and describe how they have found the information to be helpful. (CII.1d)

Note: The Medicare Certified home health agency must comply with CFR 484.10, 484.10(a-e), 484.12. See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.50(c). See Appendix IH for a full text of the regulations and a crosswalk.

CII.1

CII.1 The mission drives the activities of the organization and ensures public disclosure, client rights and ethical standards of business and clinical practice.

CII.1a A public disclosure policy defines the availability and accessibility of public information which includes ownership information, statement of the organization's mission, and licensure and accreditation status, as applicable.

CII.1b A written Client Bill of Rights is designed to recognize, protect, and promote the right of each client to be treated with dignity and respect.

- 1) Written policy and procedure defines the rights and responsibilities of clients.
- 2) Notice of rights is provided to clients in advance of providing pre-planned care.
- 3) The client is knowledgeable of the right to exercise his/her rights at any time.
- 4) The organization maintains documentation of compliance of distribution of required information to clients.
- 5) The client is authorized to exercise his/her rights. In the event that the client is judged incompetent, the client's designated representative is authorized to exercise the client's rights.
- 6) Confidentiality of the client record/data is maintained by the organization.
- 7) Access to care/service is based upon non-discrimination.
- 8) Clients are informed that they have the right to voice complaints/grievances to the organization regarding treatment/care/service without fear of discrimination or reprisal for doing so.
- 9) Clients are informed by the CHAP- accredited organization of the 24 hour availability of the CHAP hot line (1-800-656-9656) and the purpose of the hotline to receive complaints or questions about the organization.
- 10) Clients are informed that they have the right to participate in the development of care and service plans.
- 11) Clients are informed verbally and in writing of billing and reimbursement methodologies prior to start of care and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage.

CII.1c Written admission documents, provided to the client or the client's representative prior to or at the time of initiation of care/service, ensure organizational compliance with the Client Bill of Rights and other regulatory requirements.

CII.1d A reasonable attempt is made and documented to ensure that the client and family understand their rights and responsibilities which are reviewed with the client prior to or at the time of initiation of care and periodically thereafter.

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.2**

- I:** Clients/families describe methods used to contact the organization during regular hours of service, after hours, weekends and holidays. (CII.2a)
- I:** Professional, technical, and support staff describe coordination and collaboration between disciplines. (CII.2b)
- I:** Professional, technical, and support staff describe coordination and collaboration with sub-contract and/or independent contractor providers of care. (CII.2b)
- I:** Clinical supervisors and staff describe the on-call system for services after normal organization hours. (CII.2c)
- O:** Testing the after hours on call system validates compliance with organizational policy and procedure. (CII.2c)

CII.2

CII.2 Care, services, and products are available to and accessible by the client/client representative.

- CII.2a** Care, services, and products are provided within an established time frame, as specified by organizational policy, organizational standards, medical directives or individual physician orders. Consideration is given to client and/or family needs in scheduling and providing care.
- CII.2b** Collaboration and networking with other providers enhance provision of care and services as applicable.
- CII.2c** Supervisory and clinical/service staff demonstrate knowledge of organizational policy and procedure for ensuring delivery of care, services and products to clients.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CIL.3**

- D:** Written information distributed to clients/families address disasters/emergencies as applicable to the organization's service area. (CIL.3a)
- I:** Clients/families are aware of their responsibilities in the event of an emergency episode. (CIL.3a)
- D:** Staff are oriented to written protocols that ensure the safety and security of personnel. (CIL.3b)
- D:** Disaster drills are documented as applicable to the organization. (CIL.3c)
- I:** Administrative/management staff describe roles and responsibilities of personnel during an emergency episode. (CIL.3c)
- I:** Staff members at all levels demonstrate awareness of responsibilities to ensure the safety of self and others. (CIL.3c)

Note: The Medicare Certified hospice organization must comply with CFR 418.100. See Appendix IH for a full text of the regulations and a crosswalk.

CII.3

CII.3 A geographic specific plan defines the protocols for prioritizing the delivery of care and services to clients and protects the safety of staff during disasters, emergencies and/or environmentally challenging situations.

CII.3a Detailed written instructions are given to clients and/or family members to ensure an appropriate and timely response on the part of the client and/or family in the event of a natural disaster, inclement weather, and/or other emergent event that might cause an interruption in the provision of services.

CII.3b Written protocols define management responsibilities in ensuring the safety and security of staff prior to or during an emergent event.

CII.3c Staff are knowledgeable of the practices and procedures relating to emergency preparedness responsibilities and emergent events.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.4**

- D:** Client records document coordination of care activities, including planning, implementation, monitoring and evaluation of care/service as appropriate. (CII.4)
- I:** Clinical/service, financial, and operational staff describes collaboration and support among all disciplines and organizational divisions. (CII.4a)
- O:** Organizational planning meetings as available and appropriate. (CII.4a)

Note: The Medicare Certified home health agency must comply with CFR 484.14(g). See Appendix I HH for a full text of the regulations and a cross-walk.

CII.4

CII.4 Inter and intra organizational coordination is evident in the planning, implementation, monitoring, and evaluation of care and services provided.

CII.4a Coordination between the clinical/service, financial, and operational components of the organization is evident.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.5**

- I:** Professional, technical, and support staff describe protocols that protect client/family information regarding confidentiality of information, use of travel record and transport and storage of travel record. (CII.5a).
- I:** Office staff describe ongoing security of client record information. (CII.5a)
- I:** Staff is knowledgeable of the client's right for access to and release of client information. (CII.5a)
- O:** Active and inactive client records are maintained in a secure area during working and non-working hours that is inaccessible to unauthorized individuals. (CII.5a)
- S:** Random sample of client records reviewed provides evidence of compliance with organizational policy, standards and regulatory requirements. (CII.5c,d)
- O:** Automated client record systems include safeguards. (CII.5e)
- I:** Client records administrator describes process for ensuring consistent, ongoing validation and protection of automated records data including prevention of lost data due to equipment failure and storage of backed-up files. (CII.5e)
- I:** Evidence is provided validating periodic review and updating of the record format used. (CII.5f)
- I & O:** Managers/staff describe and demonstrate compliance with policy and procedure governing the coordination, transport, and security of information shared with and between alternate sites. Staff describe the type of information that is maintained and the procedures for coordination, communication, exchange, and retrieval of required information with the parent organization. (CII.5g)

Note: The Medicare Certified home health agency must comply with CFR 484.10, 484.11, 484.14, 484.18(c), 484.48, 484.48(b), 484.52(b).. See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.74, 418.74(a,b). See Appendix IH for a full text of the regulations and a crosswalk.

CII.5

CII.5 Client records, maintained for each client or client group, are utilized as a tool for coordination of services, as a legal document that is descriptive of care and services provided, and as a resource document for billing and reimbursement.

- CII.5a** All protected health information or client records, hardcopy or automated, are kept confidential and are safeguarded against loss or unauthorized use in accordance with organizational policy and local, state or federal regulations.
- CII.5b** Clients have access to their records and are informed of the process.
- CII.5c** The client record documentation provides client information specific to care and services/products provided, current client status, and progress toward goals and outcomes of care.
- CII.5d** Entries to client record documentation is made only by authorized staff and in accordance with organizational policy and procedure.
- CII.5e** Automated client record systems ensure consistent and ongoing security and protection of data.
- CII.5f** The format for maintenance of client records is reviewed and updated as necessary.
- CII.5g** Organizations with alternate sites ensure consistent documentation, communication, coordination, and retrieval of significant administrative and client/family information.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.6****D: Data reflect measurement of quality of services outcomes. (CII.6a)****I: Performance improvement manager describes rationale for the performance improvement process and the definition of specific client/service outcomes. (CII.6b,d,e)****D: A structured framework exists. (CII.6c)****D: A client satisfaction survey for the current year is available for review and includes, at a minimum, client satisfaction with care and services provided and satisfaction with providers of care. (CII.6f)****I: The organization describes the mechanism for monitoring client satisfaction. (CII.6f)****D: Evidence exists of utilization of performance improvement findings to resolve problems and improve quality of service/products. (CII.6g)****D: Organizational committees and governing body minutes document reporting of trends of performance improvement findings. (CII.6h)***Note: The Medicare Certified home health agency must comply with CFR 484.52, 484.52(a). See Appendix I HH for a full text of the regulations and a cross-walk.**Note: The Medicare Certified hospice organization must comply with CFR 418.66, 418.66(a, b, c). See Appendix IH for a full text of the regulations and a crosswalk.*

CII.6

CII.6 A comprehensive Performance Improvement process integrates the organization's mission and promotes an organizational wide approach that selects, reviews, and analyzes outcomes specific to organizational needs and the scope of services and products.

- CII.6a** Quality is defined and measured in terms of client/service outcomes.
- CII.6b** Specific outcomes are targeted for improvement or replication.
- CII.6c** The organization develops a structured framework for the investigation of target outcomes.
- CII.6d** The organization identifies outcomes to benchmark by utilizing internal standards, processes and protocols; practice or service guidelines; industry research and/or best practices.
- CII.6e** The organization continually evaluates progress toward outcomes and identifies new areas to improve or replicate as indicated by results of data analysis.
- CII.6f** A process for monitoring and measuring the satisfaction levels of clients is conducted at least annually.
- CII.6g** Performance Improvement findings are used to resolve identified problems, improve quality of services and products, and are incorporated into program planning, modification and /or enhancement.
- CII.6h** Trends of Performance Improvement findings are reported to appropriate organizational committees and the governing body.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.7**

- D:** Personnel records include evidence of adherence to regulatory requirements of Federal OSHA and CDC. (CII.7a)
- D:** Written plans define parameters for exposure control, adherence to standard precautions, adherence to work practice controls, HBV prophylaxis and TB exposure control. (CII.7b)
- D:** Potential for employee exposure is determined by job classification, which defines the potential for risk and includes: (CII.7c)
- a) Definition of types of tasks and/or procedures that place an employee at risk for exposure.
 - b) Description of job classifications in which all employees have the potential for occupational exposure.
 - c) Description of job classifications in which employees have the potential for occasional exposure.
 - d) Description of job classifications in which employees have no risk for occupationally related exposure.
- O:** Staff demonstrate adherence to standard precautions as determined by organizational policy: (CII.7d)
- a) Use of gloves
 - b) Use of and accessibility to masks and protective eyewear
 - c) Use of protective gowns and aprons
 - d) Hand hygiene/hand washing techniques including the use of chemical substances
 - e) Techniques for minimizing needle sticks
 - f) Use of puncture resistant sharps containers
 - g) Proper transportation and storage of sharps
 - h) Disposal of contaminated supplies and equipment on site
- S:** Random sample of employee records provides evidence of compliance with Hepatitis B (HBV) prophylaxis program. (CII.7f)
- I:** Designated person describes procedures followed to ensure compliance with investigative requirements and protection of the rights of the employee who has experienced an occupational exposure. (CII.7f)
- D:** Education and training records document compliance with training requirements. (CII.7g)

Note: The Medicare Certified home health agency must comply with CFR 484.12(c). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.50(b), 418.100 (c), 418.100(i). See Appendix IH for a full text of the regulations and a crosswalk.

CII.7

CII.7 The health and safety of employees and clients is promoted and enhanced through education, current application of infection control practices and implementation of appropriate safety measures.

- CII.7a** Adherence to State and/or Federal Occupational Health and Safety Administration (OSHA) and Centers for Disease Control & Prevention (CDC) requirements as applicable that address the health and safety of employees and clients and their protection from blood borne pathogens are validated.
- CII.7b** The organization implements its written Exposure Control Plan.
- CII.7c** The potential for occupational exposure is determined for all job classifications in accordance with state, federal and Occupational Health and Safety Administration (OSHA) mandate.
- CII.7d** Adherence to the use of Standard Precautions by job classification is documented.
- CII.7e** Adherence to work practice and engineering controls is evident in practice.
- 1) Physical work sites are maintained in a clean and sanitary condition
 - 2) Use of disinfectant solutions
 - 3) Handling, transporting, storage and processing of soiled/contaminated materials, supplies and equipment
 - 4) Use of non-leak infectious waste containers as applicable
 - 5) Identification and labeling of infectious waste as applicable
- CII.7f** Employer and employee responsibilities relating to Hepatitis B prophylaxis (HBV) are defined in writing and include:
- 1) HBV vaccination and post exposure follow up program
 - 2) Employer/employee responsibilities
 - 3) Declination of HBV statement is signed by employees as applicable and filed in personnel health records
 - 4) Complete and detailed documentation of all exposure events
 - 5) Confidential records are maintained on HBV vaccination and post exposure follow up
- CII.7g** Education and training programs ensure that new employee orientation addresses all aspects of the Exposure Control Plan and that annual training is mandated for all exposure prone employees based on applicable job classification.

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.7 (Continued)**

D: Occupational exposure information is maintained in confidential records that are retained for the duration of employment plus thirty (30) years. (CII.7h)

I & O: Clinical, technical and support staff describe potential hazards in the home setting identified during the assessment of the client's living environment. (CII.7k)

D & I: Evidence exists that the organization monitors and reports information related to adverse events.

Adverse events include but are not limited to:

- provision of care errors
- unusual occurrences
- vehicular crashes
- other types of accidents or injury
- safety hazards

Serious Adverse Events include but are not limited to:

- unexpected death not resulting from the client's medical condition
- loss of body part
- permanent or partial loss of body function
- blindness

Reports document data on adverse events that predispose the organization to real or potential liability.

- Data are collected within 30 days of an event
- Data are analyzed within 60 days of the event to determine underlying factors leading to the adverse event
- Performance Improvement processes, as applicable, include evidence of organizational changes subsequent to an adverse event

(CII.7l)

D: Medical Device Act reports, as applicable, are on file in the organization and include validation of submission to the FDA. (CII.7m)

I & O: Staff demonstrate knowledge of and compliance with the organizational infection control practices and procedures. (CII.7n)

CII.7h

CII.7h The organization demonstrates compliance with its Occupational Exposure Control policies, plan and procedures.

- 1) HBV is provided at no cost to all employees, potentially subject to occupational exposure, within ten (10) working days of assignments
- 2) Provision of personal protective equipment as appropriate to all employees with the potential for an occupational exposure as determined by their job classification
- 3) A confidential medical evaluation and follow-up care is offered to employees who experience an occupational exposure:
 - (a) Counseling
 - (b) Testing of source individual if allowable under local and/or state law
 - (c) Blood testing of the exposed employee with written consent, if medically indicated
- 4) Accurate, confidential, and timely documentation of:
 - (a) Circumstances leading to exposure
 - (b) Routes of exposure
 - (c) Medical follow-up
 - (d) Opportunity for counseling
 - (e) Other related interventions as indicated and necessary

CII.7i The organization demonstrates compliance with its TB Exposure Control Plan.

CII.7j The organization demonstrates compliance with its safety program to monitor environmental conditions for identifying potential hazards/risks.

CII.7k A routine assessment is made of the client's living environment to identify and evaluate potential safety hazards related to the physical space as applicable.

CII.7l A system is in place for monitoring and reporting information related to adverse events that endanger the health and safety of clients and/or employees and pre-dispose the organization to real or potential liability.

- 1) Adverse Events and Serious Adverse Events are defined in organizational policy
- 2) Data for all events is collected, analyzed tracked and trended as a part of risk management
- 3) Corrective actions are implemented and evaluated as indicated and necessary
- 4) Adverse event reports detail each episode and are distributed to advisory boards and accrediting bodies, as applicable

CII.7m The organization demonstrates compliance with its policy and procedure for the Medical Device Act (MDA).

CII.7n The organization demonstrates compliance with its Infection Control policies and procedures, which must be in compliance with accepted professional standards and principles.

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CII.8****D: Examples of complaint documentation logs. (CII.8a)****D: Formal documentation of investigative findings and reports as applicable. (CII.8a)****D: Resolution information is documented as communicated to the complainant. The communication to complainant may be in writing or by telephone. (CII.8b)****I: Staff describes an understanding of the complaint process. (CII.8c)**

Note: The Medicare Certified home health agency must comply with CFR 484.10(b). See Appendix I HH for a full text of the regulations and a cross-walk.

CII.8

CII.8 Client/ family complaints/concerns are responded to and resolved in a timely manner.

CII.8a The complaint process includes intake, investigation, and corrective action as applicable, complaint resolution, written reports, organizational trending and follow-up.

CII.8b Resolution/outcome information is communicated to the complainant.

CII.8c Staff are aware of organizational mechanisms for receiving and resolving complaints.

CIII.

CIII.

**THE ORGANIZATION HAS ADEQUATE
HUMAN, FINANCIAL AND
PHYSICAL RESOURCES
WHICH ARE EFFECTIVELY ORGANIZED
TO ACCOMPLISH ITS STATED
MISSION/PURPOSE**

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CHH.1**

D: Policy, procedure and recruitment documents support a non-discriminatory approach to hiring. (CHH.1a)

I&O: Interviews with staff and observation of client practice/service validate adherence to discipline specific practice standards and to regulatory guidelines and requirements specific to respective areas of responsibility. (CHH.1b)

I: Staff confirm clear understanding of responsibilities and lines of authority. (CHH.1c)

I: Management explains turnover rate variances as applicable, and describes impact on recruitment and retention activities. (CHH.1d)

D: Employee records validate the opportunity for a formal exit interview for terminating employees in accordance with organizational policy and procedure. (CHH.1e)

I: Employees validate receipt of conditions of employment and describe the process for obtaining personnel related information. (CHH.1f)

D: Employee files are complete and current and include documents specific to CHH.1g. Evidence of verification of education/training may include copies of diplomas, transcripts or telephone validation.

O: Specified personnel documents and employee health reports are secured in separate files in accordance with organizational policy. (CHH.1h)

Note: The Medicare Certified home health agency must comply with CFR 484.12(c), 484.14(c,e), 484.30(a), 484.32, 484.32(a), 484.34, 484.36(b). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.64, 418.70(a,b). See Appendix IH for a full text of the regulations and a crosswalk.

CIII.1

CIII.1 The organization has adequate and appropriate human resources to meet caseload and workload demands.

CIII.1a A non-discriminatory recruitment and selection process, as defined in policy and procedure, is adhered to.

CIII.1b Personnel are employed and assigned responsibilities commensurate with their education and experience.

CIII.1c Job Descriptions for each employee category delineate lines of authority and reporting responsibilities, duties to be performed, and educational and experiential qualifications specific to the position.

CIII.1d Employee turnover rates are monitored tracked and trended, as applicable.

CIII.1e The opportunity for exit conferences are offered to terminating employees, are documented and trended, as applicable.

CIII.1f Personnel policies/conditions of employment are provided to employees at the time of hire and thereafter as updates/revisions are needed.

CIII.1g Evidence of the following employee information is maintained in accordance with organizational policy and regulatory guidelines.

- 1) Individual job qualifications
- 2) Verification of education/training
- 3) Certification for specialty areas of practice as applicable
- 4) Statement of formal training for non-professionals
- 5) Two (2) reference checks
- 6) Pre-employment interview(s)
- 7) Current license or certification as applicable
- 8) Validation of competency skills testing as applicable
 - (a) Time of hire
 - (b) Annual
- 9) Validation of performance evaluation at end of probation and annually
- 10) Validation of malpractice coverage for independent contractors
- 11) Validation of completion of the orientation process (new and reassigned personnel)
- 12) Validation of signed and dated confidentiality statements
- 13) Validation of in-service/continuing education participation as applicable
- 14) Validation of exit interview as applicable
- 15) Miscellaneous items per state, federal or organizational requirements
- 16) Criminal background checks in accordance with organizational policy and procedure and local and/or state law
- 17) Immigration and naturalization statement (I-9)

CIII.1h Specified personnel documents and employee health reports must be retained in separate files per organization policy.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CHH.1 (Continued)**

- D:** Annual evaluation form addresses elements of CHH.1i as applicable to the job category.
- I:** Sample of employee and supervisory staff personnel records confirms adherence to the annual evaluation process. (CHH.1i, 1j)
- D:** A written plan details the orientation of new personnel and for personnel assigned to a new job classification. Components of the orientation plan may include mission and purpose of the organization, table of organization, lines of authority and responsibility, hours of work, job-related responsibilities, and personnel policies. (CHH.1k)
- I:** Recent hires describe their orientation as comprehensive and pertinent to meeting job responsibilities. (CHH.1k)
- I:** Staff assigned to a new job classification describe their orientation to the new responsibilities. (CHH.1k)
- I:** Staff validate receiving applicable hours of in-service programming and describe the types of experiences available to them. (CHH.1l)
- O:** Federally required in-services include OSHA mandated. Staff Development opportunities may include: independent study, satellite learning, specialized conferences, formal courses of study and mentoring. (CHH.1l)
- D & I:** Policy and managers describe the process for assuring that personnel are identified. Service contracts with organizations detail the process that the sub-contract organization will assure sub-contract organization identification of staff. (CHH.1m)

CIII.1i

CIII.1i An annual written performance evaluation process is completed on all employees by the respective supervisor and includes:

- 1) Supervisor assessment of employee performance in accordance with established criteria (Job Description)
- 2) Achievement of previously established goals
- 3) On site evaluation reports/competency testing for clinical/field/service staff
- 4) A signed, dated validation of the evaluation process by the employee and employer representative

CIII.1j An annual performance evaluation process provides an opportunity for active participation by employees through:

- 1) Employee development planning/new goal setting
- 2) Employee response to evaluation

CIII.1k A written plan details the orientation process for all new and reassigned employees which addresses applicable elements pertinent to each job classification.

CIII.1l The organization shall provide in-service and staff development as needed and as required by local, state and federal regulation and national and/or professional standards as applicable.

CIII.1m Personnel are provided with identification badges or are identified as working for the organization.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CHH.2**

D: A review of a randomized sample of written contracts for the provision of care, services and/or products validates adherence to CHH.2, a, b.

I: Contract manager or other designated party describes the ongoing management and control of contractual agreements. (CHH.2a)

Note: The Medicare Certified home health agency must comply with CFR 484.14, 484.14(f, h), 484.36(d). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.56, 418.56(b,c,d,e), 418.80). See Appendix IH for a full text of the regulations and a crosswalk.

CIII.2

CIII.2 Formal written contracts, executed by the primary organization with other professionals and entities for the provision of care, services, and products to clients of the primary organization, detail specific responsibilities of the parties involved.

CIII.2a Written service contracts with individuals and/or other entities are signed and dated by authorized principals of each party and are reviewed annually.

CIII.2b The executed document stipulates the terms of the contract which include:

- 1) Specific services/products to be provided**
- 2) Contractor is required to adhere to applicable primary organization's policies and procedures**
- 3) Assurance by the contractor of the education, training, qualifications and identification of personnel designated to provide care, services, and products**
- 4) Mechanisms for the contractor parties to participate in Performance Improvement activities as applicable**
- 5) Procedures for the documentation and submission of documented notes that verify the provision of services/products in accordance with the written service contract**
- 6) Procedures for the submission of bills and related information and reimbursement for care, services and products provided**
- 7) Effective dates of the contract including terms of renewal and/or termination**

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CHH.3**

D: Organizational policy and procedure detail the fiscal activities and responsibilities of the organization. (CHH.3a)

I: The chief financial manager confirms credentials and experience background for the responsibilities assigned and describes the budget planning process. (CHH.3b)

D: Governing Body minutes confirm approval of budgets and other financial agenda items referred to the Governing Body. (CHH.3c)

D: The organization has a current operating budget and capital expenditure plan. (CHH.3d)

D: Financial, statistical and productivity reports are used to facilitate oversight of the organization's operations. (CHH.3e)

I: The chief financial manager describes the use of financial, statistical or productivity reports. (CHH.3e)

I: The chief financial manager validates the adequacy of insurance coverage. (CHH.3f)

D: Review of annual financial review validates that the review was conducted by an organization external to the organization within the most recent twelve month period. (CHH.3g)

Note: The Medicare Certified home health agency must comply with CFR 484.14(i). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.52, 418.56(d). See Appendix IH for a full text of the regulations and a crosswalk.

CIII.3

CIII.3 The organization's sources of financial support are managed and monitored on an ongoing basis to ensure the availability of adequate funding.

CIII.3a Financial policies and procedures govern the fiscal activities of the organization.

CIII.3b The chief financial manager has the appropriate qualifications, credentials and expertise to oversee, manage, and direct the fiscal operations of the organization.

CIII.3c Major participants in developing and monitoring the budgetary process include the governing body, the chief executive, the chief financial manager, program directors and other designated staff as appropriate.

CIII.3d The operating budget and operating capital expenditure plan is developed using methodologies commensurate with the scope and complexity of the organization's services, programs, and products and is used to forecast financial and operating successes and challenges.

CIII.3e Financial management tools are used to provide operational feedback to administrative and management personnel, financial committees and the governing body.

CIII.3f Adequate insurance coverage is maintained.

CIII.3g An annual external review is required and conducted.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CIII.4**

- D:** Financial reports detail information used to measure operational performance. (CIII.4a, b)
- I:** The chief financial manager or other designated party describes the effectiveness of the financial management information systems, the types of reports generated and their use, and internal financial controls (CIII.4a, b, c)
- D:** Organizational financial procedures used for internal control may include segregation of duties, reconciliation of control accounts, approval levels for disbursements and adjustments, collection of accounts receivable, budgeting, receipt of funds, disbursement of funds, cash and asset account reconciliation and cash management. (CIII.4c)
- I:** Financial /billing staff confirms timely billing procedures, ongoing monitoring of accounts receivable, implementation of collection efforts as appropriate, and adherence to accounts receivable guidelines. (CIII.4d)
- D:** Financial reports include payroll and vendor disbursements in accordance with CIII.4e.

Note: The Medicare Certified home health agency must comply with CFR 484.14(i). See Appendix I HH for a full text of the regulations and a cross-walk.

CIII.4

CIII.4 A financial management information system is used to document and monitor all financial components and provide appropriate and timely reports to all levels within the organization.

CIII.4a The financial reporting system produces detailed data regarding actual transactions specific to care, services and products provided by each program including site/ location activity.

CIII.4b Periodic financial statements contain key indicators and show a reasonable match between revenue and expense line items.

CIII.4c Internal financial controls are in effect.

- 1) Internal audit procedures and annual review of budget are conducted.**
- 2) Adherence to organizational financial policies and procedures is monitored.**

CIII.4d Reimbursable services are billed on a timely basis in accordance with designated fee structures and are monitored, tracked and aged.

CIII.4e Payroll and vendor disbursements are recorded and processed in a structured and timely manner.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CHH.5**

D: Applicable statements indicating compliance with OSHA, CDC, ADA, are available and may include:

- 1) Fire drill and health inspection reports indicate compliance.
- 2) Certificates of occupancy are posted in accordance with local requirements.
- 3) Fire and emergency exits clearly detail areas of entrance and egress.
- 4) Hazardous area access is controlled.
- 5) Hazardous chemicals and solutions are properly labeled and kept in locked storage.
- 6) Adequate space and privacy is provided to employees and clients receiving services.
- 7) Facilities are barrier free and/or special arrangements are made to provide access as indicated and necessary.
- 8) Safety and security procedures for employees are implemented as necessary.

(CHH.5a)

O: Tour of facility validates compliance with OSHA, CDC, and ADA guidelines and applicable local requirements. (CHH.5a)

Note: The Medicare Certified home health agency must comply with CFR 484.12(a). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.56(c), 418.100(c). See Appendix IH for a full text of the regulations and a crosswalk.

CIII.5

CIII.5 Physical facilities are adequate to support the operations.

CIII.5a Physical facilities meet the OSHA (Federal/State), CDC, ADA and/or State or Local regulations for environmental protection and safety of employees and recipients of service.

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CHL.6**

D&I: MIS manager or other designated party explains and demonstrates how data are collected, processed and secured on and off site. (CHL.6a)

I: Management describe how information system is used to ensure organizational accountability. (CHL.6)

CIII.6

CIII.6 A management information system is utilized to ensure accountability at all levels of the organization.

CIII.6a A manual or automated system utilizes established standards and defined data elements for the collection and processing of information.

CIV.

CIV.

**THE ORGANIZATION
IS POSITIONED FOR
LONG TERM VIABILITY**

Core**Evidence Guidelines****LEGEND:****D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CIV.1**

I: Management and staff describe the planning process. (CIV.1a)

I&O&D: The assessment of the strengths, weaknesses, opportunities and threats may include the following components:

- 1) Assess and analyze service area demographics.**
 - 2) Maintain current knowledge of organization's market penetration.**
 - 3) Identify new and/or changing consumer and community needs.**
 - 4) Collect data and information for analysis.**
 - 5) Garner input from all levels of staff.**
 - 6) Determine organizational priorities.**
- (CIV.1b)**

I: The CEO and/or governing body representative describes the long term vision and goals for the organization. (CIV.1b)

CIV.1

CIV.1 Strategic planning reflects the organizational mission and includes a comprehensive evaluation of both internal and external environments.

CIV.1a Current budgetary, business and marketing activities are integrated into the process.

CIV.1b An assessment of the organization's strengths, weaknesses, opportunities and threats is conducted on a periodic basis.

Core

Evidence Guidelines

LEGEND:**D - DOCUMENTATION****I - INTERVIEW****O - OBSERVATION****S - SURVEY****CIV.2**

D: The organization provides evidence that a current annual evaluation was conducted timely and in accordance with its organizational policies and process.(CIV.2a)

D: The annual evaluation report validates the inclusion of service/product, risk management, human resources and financial and operational components in the evaluation process. (CIV.2b)

I: Administrative/management personnel describe how the complexity of the organization relates to data collection and utilization. (CIV.2b)

D&I: Minutes and interview confirm that the annual evaluation report was presented to the appropriate advisory and governing bodies. (CIV.2d)

Note: The Medicare Certified home health agency must comply with CFR 484.16, 484.16(a), 484.52, 484.52(a). See Appendix I HH for a full text of the regulations and a cross-walk.

Note: The Medicare Certified hospice organization must comply with CFR 418.66. See Appendix IH for a full text of the regulations and a crosswalk.

CIV.2

CIV. 2 An Annual evaluation of the organization provides the basis for future planning.

CIV.2a Organizational policies drive the process for the annual program evaluation by an authorized group and identify the components to be evaluated.

CIV.2b The complexity of the organization and the scope of care, services, and products provided define the parameters for data collection and utilization and includes service/product, risk management, human resources and financial data.

CIV.2c Variances from usual and expected patterns of performance are analyzed and explained.

CIV.2d The Annual Evaluation Report is presented to advisory and governing bodies as appropriate.

CIV.2e The Annual Evaluation Report is retained as an administrative record.

